

Ladies First Application Packet

Thank you for your interest in the Ladies First program. The Ladies First program offers access to screening for Breast cancer, Cervical Cancer and Cardiovascular risk factors. Included in this packet is a program application, eligibility information and a covered services chart.

To Apply:

1. Please complete the Application Form in full.
2. Be sure to not leave any questions blank. Incomplete forms will not be processed. Place a “n/a” on a line if the question is not applicable to you or your situation.
3. Return the form to:

Vermont Department of Health
Drawer 38 (LF)
PO BOX 70
Burlington, VT 05402-9962

Once Ladies First receives your **completed** form, it will be processed to determine your eligibility. If you are found eligible for the program you will receive a Ladies First membership card, a letter explaining Ladies First services, and screening card(s) to get you started.

If you are found eligible – you must seek services with a Ladies First participating provider for services to be covered. Ask your provider if they are a participating Ladies First provider before getting services.

Best Regards,

Ladies First

If you have any questions: Please call “Kate” at **1-800-508-2222**. Office hours are 8:00 a.m. to 4:00 p.m., Monday through Friday. We will make every effort to return your call in a timely manner.





Application Form

Web 2007

Name:

Last First Middle initial

Date of Birth: ____/____/19____ Social Security #: ____-____-____

VT Street Address: _____
(No Post Office Boxes, in this section)

Mailing Address (if different from above): _____

Daytime phone (home, work, cell): ____-____-____ Is it ok to leave a message? YES/NO

Alternative phone (home, work, cell, other): ____-____-____ Is it ok to leave a message? YES/NO

Are you of Latino or Hispanic origin? YES/NO

What race or races do you consider yourself?

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander

What is the highest school grade ever completed?

- ☐ Never attended school or only kindergarten
- ☐ Grades 1-8 (elementary)
- ☐ Grades 9-11 (some high school)
- ☐ Grade 12 or GED (High school graduate)
- ☐ College 1 to 3 years (some college or technical school)
- ☐ College 4 years or more (college graduate)

How many people live in your household? You, spouse/civil union partner, dependent child(ren) _____

Gross Income (before taxes) \$ _____ per year Or \$ _____ per month (gross weekly x 4.3)

Do you have private health insurance? YES/NO _____
If "yes", name of Insurance Company _____

Have you ever had a Pap test? YES/NO

If "Yes", what was the approximate date of your last Pap test? ____/____/____

Have you ever had a mammogram? YES/NO

If "Yes", what was the approximate date of your last mammogram? ____/____/____

Do you need a ride to your Ladies First appointments? YES/NO

Do you need childcare/eldercare reimbursement while you attend your LF appointments? YES/NO

What prompted you to contact the Ladies First program?

- Your doctor, nurse or medical clinic ☐ Friend, relative or acquaintance ☐ Pamphlet or poster ☐
Special Promotion (Direct mailing) ☐ TV ☐ Newspaper ☐ Former Member ☐ Other ☐

Please Complete Page 2 of This Form →

Internet Enrollment

ENROLLMENT SITE: _____

INSURANCE INFORMATION

Name of Company: _____ Coverage Type: _____

Coverage Dates: ____/____/____ until ____/____/____ (leave blank if there is no ending date)

Policy Holder Name: _____ Social Security Number: _____

Policy or ID Number: _____ Group or Account Number: _____



MEMBER CONSENT

When you join Ladies First, you give us permission to share information about your breast and cervical cancer screenings, heart disease risk factor screening (for woman 40 and over), and diagnosis and treatment care with:

- Your doctor or nurse
- The Vermont Mammography Registry
- The Vermont Cancer Registry
- The Vermont Medicaid Program (if you are referred to this program by us)
- Hospitals, clinics, health care providers involved in your tests or treatment.

Ladies First must collect and share information about your screenings, follow-up tests, and treatment to make sure you are getting the care you need. We also need this information to pay your medical bills.

Ladies First will keep this information private. We will share your personal information only with the people listed above. It is not public information and it will only be used to make sure you get appropriate, quality health care.

You do not have to join Ladies First. If you do, you can leave at any time. When you leave the program, the Department of Health will no longer have permission to share information about your care. To leave Ladies First, you need to write a letter and send it to:

Vermont Department of Health, Drawer 41 (LF), PO Box 70, Burlington, VT 05402-9962

I have read this form. By signing here, I understand and agree that effective three months prior from the date signed below, the Ladies First program may exchange information about me as described above as long as I am part of this program.

SIGNATURE: _____ DATE: ____/____/200____

PRINTED NAME: _____

40 YEARS OF AGE OR OLDER ~ LADIES FIRST HEALTH QUESTIONNAIRE

Have you ever been told by a doctor, nurse or other healthcare professional that:

you have high blood pressure? YES/NO
your blood cholesterol is high? YES/NO
you have diabetes; other than during a pregnancy? YES/NO

Do you smoke cigarettes? EVERY DAY _____ SOME DAYS _____ NOT AT ALL _____

How many days per week do you participate in moderate physical activity for a total of at least 30 minutes? (For example, brisk walking, bicycling, vacuuming or gardening) 0 1 2 3 4 5 6 7

What type of milk do you drink or put on cereal?

Whole _____ Reduced fat(2%) _____ Low fat(1%) _____ Fat free(Skim) _____ Do not drink milk _____

How many servings of fruits and vegetables do you eat each day? (For example, $\frac{3}{4}$ cup of juice, $\frac{1}{2}$ cup canned fruit/vegetable or 1 medium sized fruit or vegetable) 0 1 2 3 4 5 or More than 5

See a Ladies First participating doctor for

FREE!*



**Mammograms,
Cervical Pap tests
and
screenings for
cholesterol,
blood pressure
and more...**

"This is just the kind of help I've been looking for!"
Aloyse Rowley, Burlington

Gross Income for Year 2007 (before taxes)

Number in Household	Yearly	Monthly
1	\$25,525	\$2,127
2	\$34,225	\$2,852
3	\$42,925	\$3,577
4	\$51,625	\$4,302
5	\$60,325	\$5,027
6	\$69,025	\$5,752
7	\$77,725	\$6,477
8	\$86,425	\$7,202

*Eligibility is based on:

- Vermont residency
- Age
- Number in household
- Income
- See the back of this flyer for covered services.

Call Kate today at:
1-800-508-2222
TDD: 1-800-319-3141

For each additional person add \$8,700 to yearly income.
Number in household is anyone living in the household that is related by marriage, civil union, or a dependent child related by birth or adoption.



Breast Cancer, Cervical Cancer and Cardiovascular screening services for eligible Vermont women

	Age 18–39 (with breast symptoms or abnormal Pap)	Age 40 or older
Screening		
Breast	<ul style="list-style-type: none"> • Clinical breast exam • Breast self-exam instruction • Screening mammogram 	<ul style="list-style-type: none"> • Clinical breast exam • Breast self-exam instruction • Screening mammogram
Cervical	<ul style="list-style-type: none"> • Pelvic exam • Cervical Pap test 	<ul style="list-style-type: none"> • Pelvic exam • Cervical Pap test
Cardiovascular*	Not available	<ul style="list-style-type: none"> • Blood pressure check • Total cholesterol • Body Mass Index (BMI) • Diabetic Screening (glucose/sugar)
Diagnostic		
Breast	<ul style="list-style-type: none"> • Diagnostic mammogram • Ultrasound • Consultation • Second opinion • Breast biopsy 	<ul style="list-style-type: none"> • Diagnostic mammogram • Ultrasound • Consultation • Second opinion • Breast biopsy
Cervical	<ul style="list-style-type: none"> • Colposcopy • Other diagnostic tests 	<ul style="list-style-type: none"> • Colposcopy • Other diagnostic tests
Cardiovascular*	Not available	<ul style="list-style-type: none"> • Follow-up glucose/sugar • Follow-up cholesterol • Lipid panel
And More		
Breast	• Referral to Medicaid Treatment Act, if eligible	• Referral to Medicaid Treatment Act, if eligible
Cervical	• Referral to Medicaid Treatment Act, if eligible	• Referral to Medicaid Treatment Act, if eligible
Cardiovascular*	Not available	<ul style="list-style-type: none"> • Self-help material and support • Help to quit smoking, with counseling, free patches, lozenges or gum

*The Cardiovascular component of the Program is offered to eligible members as a one time series. A series includes: An initial cardiovascular screening, a diagnostic follow-up (if needed), self-help material and support, and a final follow-up screening.

Please note, women covered by VHAP, Medicaid or Medicare Part B are encouraged to seek services through their applicable program. Ladies First is not able to enroll women covered by those programs.

If you have primary insurance coverage, the insurance will be billed first and you may have to pay a co-pay and/or your deductible (if applicable) for your visits and/or test(s).

Services are dependent on available program funding.

February 2007



Final Check List

Did you:



1. Answer all questions? Please do not leave any items blank.
Incomplete forms can not be processed.



2. Address the envelope correctly?

Vermont Department of Health
Drawer 38 (LF)
PO BOX 70
Burlington, VT 05402-9962

Note: Please notify Ladies First in writing within 30 days of any change in your mailing address, legal name or legal residence.

Congratulations in taking your first step to getting screened! Through regular screening of mammograms and Pap tests, breast and cervical cancer can be detected at such early stages that the risk of death is extremely small for most women. When cancers are found early they are easy to treat. Mammograms and Pap tests save thousands of lives every year. Mammograms are recommended annually for women age 40 and older. Cervical Pap tests are recommended every two years for women ages 18-65.

Ladies First is also able to offer to women age 40 and older, a one time screening series related to heart disease. By getting blood pressure screening, cholesterol screening, controlling high blood pressure and high cholesterol, and getting counseling to stop smoking you can reduce your risks related to heart disease and improve your overall health.